



Helping School-Age Children Cope with Pain

In addition to medications, adolescents may benefit from using these strategies to manage pain that is unique to their developmental needs, medical status, and caregiver availability.

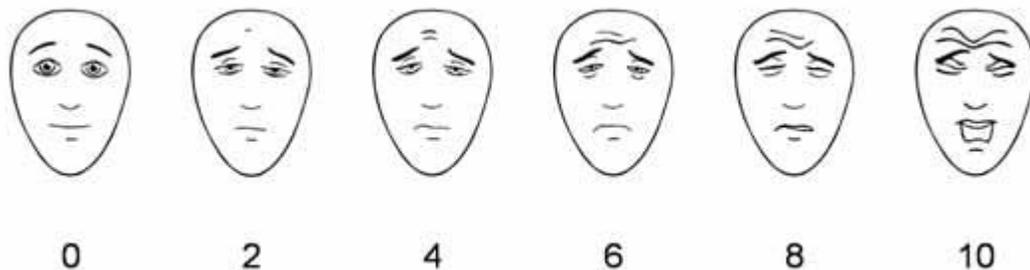
How School-Age Children Develop: 6-12 Year Olds

- School-age children learn by engaging in social activities and forming relationships with their peers.
- School-age children are developing their ability to understand concrete ideas in a logical and organized manner.
- School-age children develop a sense of accomplishment by receiving opportunities to achieve and compete.

How School-Age Children *Perceive* and *Express* Pain

School-age children are able to speak directly about the cause, type, and amount of pain they experience.

- Past experiences of being held down and not having control may create a fear of future painful procedures.
- Common behaviors of a school-age child experiencing pain may include: holding still or guarding the area that hurts, flat-faced expression, facial grimacing, emotional withdrawal, irritability, restlessness, disrupted sleep, and nightmares.
- At this time in development, children are able to rate their pain using a scale of numbers or expressive faces.
- Provide school-age children with specific pain language to help the medical team identify and treat the correct sources of pain. Descriptive language may include “burning”, “cramping”, “achy,” “sharp,” or “dull”.



(Helping school-age children cope continued on other side)

Helping School-age Children Cope

- **Presence of a Parent or Familiar Person** – Include parents or a familiar person to support preparations with comforting holds and/or distractions to help the child feel safe.
- **Preparation with Medical Play** – Incorporate play as an opportunity for education and help reduce stress. Encourage open and honest conversation using age-appropriate terms.
- **Offer Appropriate Choices** – Allow the opportunity for the child to participate in the choice and planning of coping strategies.
- **Comfort Positions like “The Helping Hold”** Older children sometimes need a sense of security and a sense of control. Adults can provide a hugging hold by placing a free hand on the child’s shoulder or arm.
- **One Voice** – Allow for only one voice to be heard during procedure to limit excessive noise.
- **Positive Reinforcement** – Offer encouragement and praise throughout the procedure.



Distraction During a Painful Procedure

Active distraction allows the school-age child to be involved in the experience while re-directing their attention towards an item or activity

- **Create relaxation: deep breathing exercises, dimming the lights and reducing noise in the room, changing your child’s position by sitting up or using pillows**
- **Stress ball**
- **Tablet**
- **I Spy Book**
- **Humor/jokes**
- **Sing songs, playing music**

Rollins, J. (2005). Meeting Children's Psychosocial Needs. Texas: Pro-Ed.

Hicks CL, von Baeyer CL, Spafford P, von Korlaar I, Goodenough B, The Face Pain Scale – Revised: Toward a common metric in pediatric pain measurement. Pain 2001, 93:173-183. From the *Pediatric Pain Sourcebook*. Original copyright ©2001. Used with permission of the International Association for the Study of Pain and the Pain Research Unit, Sydney Children’s Hospital, Randwick NSW 2031 Australia. Version : 24 Sep 2001

Please call your Child Life Specialist for further non-pharmacological pain management strategies and support for medical procedures at 312.227.3270.